



**THE WESTERN NEUROSURGICAL SOCIETY  
APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ FAX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

PLACE AND DATE OF BIRTH \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ email \_\_\_\_\_

TYPE OF MEMBERSHIP \_\_\_\_\_ (Active, Corresponding, Honorary, Associate)

BOARD CERTIFICATION (board and date) \_\_\_\_\_

CURRICULUM VITAE: Send as pdf or Word document to Dr. Laura Prolo at [lmprolo@stanford.edu](mailto:lmprolo@stanford.edu)

PICTURE: Send head and shoulders picture as jpeg file to Dr. Prolo

Proposer: \_\_\_\_\_

Sponsor #1 \_\_\_\_\_

Sponsor #2 \_\_\_\_\_

(One of the above should be from your locale—membership list by location on Website-westnsurg.org)

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

Please save this completed application to your computer and send as attachment to Dr. Prolo.